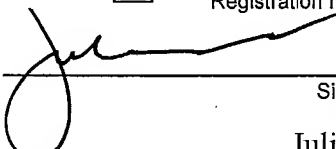


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 6077 - 052204
FY 2009 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		
Application Number 10/542,822	Filed 1/21/2004	
For "Use of Passageways Through Porous Membranes"		
Art Unit 1797	Examiner Dirk R. Bass	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$ <u>245.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u> 23-0650 </u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u> 36,216 </u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u> </u>		
 <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Signature</p> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Julie W. Meder</p> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Typed or printed name</p>	<p style="text-align: right; margin: 0;">March 5, 2010</p> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: right; margin: 0;">Date</p> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: right; margin: 0;">412-471-8815</p> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: right; margin: 0;">Telephone Number</p>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u> 1 </u> forms are submitted.		